

2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/487151

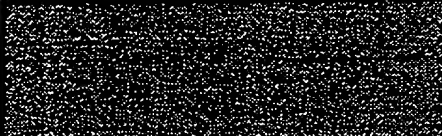
| | |
|--------------------------|---|
| DATE: <u>2/17/01</u> | FROM: <u>Torj</u> (print name) |
| FORWARD TO: | REASON(S): |
| A. Art Unit: <u>2661</u> | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: <u>375</u> | B. See Title <input type="checkbox"/> (check box) |
| C Subclass: _____ | C. See Abstract <input checked="" type="checkbox"/> (check box) |
| | D. See Claim(s): _____ |

FURTHER EXPLANATION IF NEEDED:

Data Carrier with Receiver, demodulator & decoder.
NO ALARM.

| | |
|--------------------|--|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO: | REASON(S): |
| A. Art Unit: _____ | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: _____ | B. See Title <input type="checkbox"/> (check box) |
| C Subclass: _____ | C. See Abstract <input type="checkbox"/> (check box) |
| | D. See Claim(s): _____ |

FURTHER EXPLANATION IF NEEDED:

| | |
|---|--|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO CLASSIFIER | REASON(S): |
|  | A. You had Parent <input type="checkbox"/> (check box) |
| | B. See Title <input type="checkbox"/> (check box) |
| | C. See Abstract <input type="checkbox"/> (check box) |
| | D. See Claim(s): _____ |

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

| | |
|--------------------|--|
| DATE: _____ | CLASSIFIER: _____ |
| FORWARD TO: | REASON(S): |
| A. Art Unit: _____ | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: _____ | B. See Title <input type="checkbox"/> (check box) |
| C Subclass: _____ | C. See Abstract <input type="checkbox"/> (check box) |
| | D. See Claim(s): _____ |

FURTHER EXPLANATION IF NEEDED: